

MUTUAL OF OMAHA - NAIC 71412**LTC Individual - Comprehensive - Non-Tax Qualified**

Policy Form: LTC04INT

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
NO	YES	YES	YES	YES	NO	NO	NO	NO

MPB Company Notes:	_365_ (Number of Days) times the Nursing Facility Daily Benefit = _1825_. Other Notes:							
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2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$100	\$400	\$10	YES	NO	NO	NO	NO

NHB Company Notes:	Enter Notes: None reported by the company.						
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3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES	NO	NO	NO	NO	NO

RCFE Company Notes:	Enter Notes: None reported by the company.				
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4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES	NO	NO	NO	NO	NO	YES	NO	NO

HCB Company Notes:	Enter Notes: None reported by the company.							
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5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes:	Not Applicable: This LTC policy form is not a Home Care Only policy.						
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6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	NO	NO	YES	NO	NO

QB Company Notes:	The need for human assistance or continual supervision to perform at least ____2____ of ____6____ Activities of Daily Living.
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7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
YES	NO	YES	YES	YES	NO	NO	YES	YES

EP Company Notes:	180 days, 365 days
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8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	YES	YES

IP Company Notes:	No Inflation, 5% 20-Year Compound Inflation
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9. Waiver of Premium (WAVP)

Confined Care Premiums after the Elimination Period. Home Health Care Premiums are waived after covered home services are received on a regular basis. (at least 8 days per month) beyond the Elimination Period.

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Long Term Care Insurance Rates

LTC Individual - Comprehensive - Non-Tax Qualified

		30 Day Elimination Period - Service				90 Day Elimination Period - Service			
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	
50	\$721	\$1,747			\$577	\$1,397			
55	\$838	\$1,915			\$671	\$1,532			
60	\$1,070	\$2,403			\$856	\$1,922			
65	\$1,583	\$3,305			\$1,266	\$2,644			
70	\$2,872	\$5,096			\$2,297	\$4,077			
75	\$4,752	\$7,407			\$3,802	\$5,926			
80									

Customer Service Telephone Number: 1 (800) 775 - 6000